# UNITED STATES DISTRICT COURT

for the

Western District of New York

24 CV 439

Case No. _____

*(to be filled in by the Clerk's Office)*

ALONZO ROSS

*Plaintiff(s)*
*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

-v-

J.M. REINHARDT. T.V.HILTON
D.J.PANGALLO. C.S. MUNIAK
DR. D. WILLIAMS. RN: L. BUSCH
CAPT. MEEGAN. C.O. KELLER

*Defendant(s)*
*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)*

**JURY TRIAL**: Yes X No___

UNITED STATES DISTRICT COURT
FILED
MAY 6 - 2024
MARY C. LOEWENGUTH, CLERK
WESTERN DISTRICT OF NY

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name: Alonzo Ross
All other names by which you have been known:
ID Number: 19-B-1751
Current Institution: Green Haven Corr. fac.
Address: 594 Rt. 216. Box 4000
Stormville (City) N.Y. (State) 12582-0010 (Zip Code)

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title *(if known)* and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1
Name: Joshua M. Reinhardt
Job or Title *(if known)*: Corr. officer
Shield Number:
Employer:
Address: Attica Corr. fac. 639 Exchange st
Attica (City) N.Y. (State) 14011-0149 (Zip Code)
☒ Individual capacity ☒ Official capacity

Defendant No. 2
Name: Tylor V. Hilton
Job or Title *(if known)*: Corr. officer
Shield Number: Attica Corr. fac.
Employer: 639 Exchange st.
Address:
Attica (City) N.Y. (State) 14011-0149 (Zip Code)
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name: David J. Pangallo
Job or Title *(if known)*: Corr. officer
Shield Number:
Employer: Attica Corr. fac.
Address: 639 Exchange st.
Attica (City) N.Y. (State) 14011-0149 (Zip Code)

[X] Individual capacity [X] Official capacity

Defendant No. 4

Name: Christopher S. Muniak
Job or Title *(if known)*: SGT.
Shield Number:
Employer: Attica Corr. fac.
Address: 639 Exchange st.
Attica (City) N.Y. (State) 14011-0149 (Zip Code)

[X] Individual capacity [X] Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971)*, you may sue federal officials for the violation of certain constitutional rights.

**A.** Are you bringing suit against *(check all that apply)*:

[ ] Federal officials (a *Bivens* claim)
[X] State or local officials (a § 1983 claim)

**B.** Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment 14th Amendment

**C.** Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

defendants continued....

#5.

DR. DAVID WILLIAMS
FHSD
ATTICA CORR. FAC.
639 EXCHANGE ST.
ATTICA NEW YORK 14011-0149.

#6.

LYNN BUSCH
RN
ATTICA CORR. FAC.
639 Exchange St.
ATTICA NEW YORK 14011-0149

#7.

Capt. and or LT. Meegan
639 exchange St.
ATTICA CORR. FAC.
ATTICA NEW YORK 14011-0149.

#8.

Keller
Corr. officer
639 Exchange St.
Attica corr. fac.
ATTICA NEW YORK 14011-0149.

IM BRINGING TIS COMPLIANT AGAINST ALL THE ABOVE IN THIER INDIVIDUAL AND OFFICIAL CAPACITY

ATTACHED SHEET "DEFENDANTS"

J.M. REINHARDT

T.V. HILTON.

D.J.PANGALLO

C.S.MUNIAK

DR. D. WILLIAMS

RN: LYNN BUSCH

CAPT. MEEGAN.

C.O. KELLER.

ALL ABOVE IS IN WYOMING COUNTY

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

please see Attached D.

## III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows *(check all that apply)*:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other *(explain)*

## IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

Refer To Attach facts of case

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Refer To Attach facts of case

ATTACHED "D"

!). Officer Hilton repeatedly pounched and kicked me in the head and choked me till unconsciouness.

2). Officer Reinhardt repeatedly pounched me in the back of my head.

3). Officer Pangallo kicked me and slammed a locker onto my back.

4). Dr. williams did not provide adquate medical care and treatment and falstified my injuries.

5). Nurse Busch assisted Dr. Williams in covering up the extent of my injuries and falsified my injuries.

6). SGT. muniak wrote a false misbehavior report and lied as to what happened to me.

7) Capt Meegan performed a very bias hearing.

C. What date and approximate time did the events giving rise to your claim(s) occur?

Refer to Attach facts of case.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Refer To Attached "Facts of My Case"

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Brain Damage, Verticle damage, nerve damage migrain head aches, cold sweats & nightmares.
Was Prescribed Meclizine HCl, Cane and Physical Therapy.
Need MRI, CT. SCAN, Effective Pain Management.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

$8 MILLION, EFFECTIVE PAIN MANAGEMENT, MRI, CT. SCAN.
I am a Off the books construction worker" most of my work deals with me standing and
Balance, I cannot perform this type of work anymore due to coordination, no balance
and siezure like symtoms, due to severe damaged verticle.

FACTS OF MY CASE...

1). I was released from my cell july 29, 2022 around 3;30 PM A-block, 8-Company, 41-Cell to go to the facility clinic to recieve my daily insulin injections.

2). When i returned to A-Block i noticed a large number of officers i normally dont see, they were all staring at me in a threatening manner.

3). when i arrived to 8-Company, at the front of the company was officer reinhardt, he was waiting for me, his boidy motion indicated for me to go striaght to my cell and he followed me.

4) i could see Offices hilton and Pangallo waiting for me at the front of my cell, both had a very intimidating facial expression.

5). when i arrived to my cell it was clear that they had trashed my cell, all my active legal materials was all over the place with chewing tobbaco freshly spit onto my legal work, a large hole someone kicked into my wash bucket and my tv sceen smashed and my personal pictures in the toilet..

6). knowing that this was to provoke me, i humbally asked if i could please keep the wash bucket without the hole and Officer Pangallo said hurry up and switch and lock in,

7) when i tried to close my gate, officer Hilton grabed the gate and opened it and enteredmy cell and without warning, began brutally pounching me in the face and head, officer reinhardt followed and he too was pounching me in the head.

8). i quickly turned around and placed my hands behind my head to be cuffed. but they continued to pounch me in the back of my head, as they kept saying quitresisting "quit resisting'.

9) I fell to the floor and Hilton began stomping me in the back of my head, i was in and out of consciousness.

10). They handcuffed me from the back and the4n Hilton placed me in a chokehold and whispered in my ear "you fucking Nigger" as he brought up letters of complaints i filed against them in the past, as i gagged for air and was going in and out of consciousness you could hear inmates screaming, "Get Off him. Get off him"

11). reinhardt made a humbal plea for Hilton to stop as he said your killing him, enough. stop.

12). Hilton released me from his chokehold and quickly got up and he and reinhardt exchanged pounches to eachothers face and then i was dragged by my cuffs outside my cell.

13). Officers not involved in the assualt quickly placed me on a gurney and rushed me to the facility emergency room.

14) still cuffed from the back. officer John Doe pinned me to the exam bed as Dr. Williams examined me.

15). Dr. Williams directed Nurse Busch to tend to the bleeding from my head eye and back.

16). Dr. Williams then told the officers that he cannot send me out to a hospital like this and ordered the officers to take me upstairs where they placed me in a isolation room, stripped me naked and left me on the floor.

17). everything was just spinning for days as i cried for medical help and assistance every nurse ignored me.

18). I was transported to SHU and there myself and familiy called OSI everyday and finally someone from OSI visit me and took a recorded interview as to what happened, he said he will return to take photographs of my injuries but he never returned.

## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

**A.** Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Attica Corr. Fac.

**B.** Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

**C.** Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Assault And lack of Medical Care & Treatment.

**D.** Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

**E.** If you did file a grievance:

1. Where did you file the grievance?

Attica Corr fac. SHU.

2. What did you claim in your grievance?

that I was assaulted by officers and was Not Recieving appropriate medical care.

3. What was the result, if any?

I went All the way to Corc. I Appealled"

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

All the way to Corc. I Appealled"

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Grievance # A-1793-22 And # A-2040-22

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

## VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes I filed property claim # 140416
And Wrongful Confinment claim # 139857
☒ No But not dealing with the same facts
In this 1983

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit
   Plaintiff(s) claimant Alonzo Ross 19-B-1751
   Defendant(s) N.Y.S. (D.O.C.C.S)

2. Court *(if federal court, name the district; if state court, name the county and State)*
   Court of claims: 7344 Capital station Albany N.Y. 12224

3. Docket or index number
   140416 And 139857

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit
   September 11, 2023 August 28, 2023

6. Is the case still pending?
   ☑ Yes
   ☐ No
   If no, give the approximate date of disposition.

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

## IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case–related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5-1-2024

Signature of Plaintiff: Alonzo Ross

Printed Name of Plaintiff: Alonzo Ross

Prison Identification #: 19-B-1751

Prison Address: Green Haven Corr. Fac. 594 RT 216 Box 4000

Stormville (City) N.Y. (State) 12582-0010 (Zip Code)

### B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

_____ (City) _____ (State) _____ (Zip Code)

Telephone Number _____

E-mail Address _____



Print | Save As... | Add Attachment | Reset

TO WHOM IT CONCERN:

Claim 140416 was filed after the july 29,2022 assault, Claimant is asking for compensation for personal property DOCCS staff left in his cell, the facts in claim are not the same in this 1983.

Claim 139857, is asking for compensation steming from the wrongful confinement as a direct result of the july 29,2022 assualt, none of the officers who assualted claimant is mentioned in the claim, this report was reversed and expunged from my record.

# VERIFICATION

STATE OF NEW YORK )
COUNTY OF DUTCHESS)ss.:

ALONZO ROSS, being duly sworn, deposes and says:

1. I am the Petitioner in the foregoing proceeding;

2. I have read the foregoing petition and know the contents thereof;

3. The same is true to my knowledge, except as to matters therein stated to be alleged on information and belief, and as to those matters, I believe them to be true.

Petitioner, Pro-Se

SWORN TO BEFORE ME THIS
1ST DAY OF MAY, 2024

NOTARY PUBLIC

MAGNUS MAHAKWE AKUDIKE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01AK0021646
Qualified in Bronx County
Commission Expires February 29, 2028

# AFFIDAVIT OF SERVICE

STATE OF NEW YORK )
) SS.:
COUNTY OF DUTCHESS )

ALONZO ROSS, being duly sworn, deposes and says:

I am the above mentioned Plaintiff and I have served a copy of the following papers:

1983 Motion and or affidavit

Upon the following party(ies):

UNITED STATES DISTRICT COURT CLERK
200 U.S. COURTHOUSE
2 NIAGARA SQUARE
BUFFALO NEW YORK 14202-3498

By placing the above in a post-paid envelope and depositing it in a United States Postal Service mailbox located at Green Haven Correctional Facility, Stormville, N.Y. 12582 on the 1 day of May, 2024, as due and sufficient service.

A. Ross

SWORN TO BEFORE ME THIS
1ST DAY OF MAY, 2024

NOTARY PUBLIC

MAGNUS MAHAKWE AKUDIKE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01AK0021646
Qualified in Bronx County
Commission Expires February 29, 2028

MAGNUS MARIANNE ANDERSEN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01AK6021646
Qualified in Bronx County
Commission Expires February 29, 2028

JS 44 (Rev. 09/19)

# CIVIL COVER SHEET

24 CV 439

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

**I. (a) PLAINTIFFS** Alonzo Ross 19-B-1751

**DEFENDANTS** please see attached sheet

**(b)** County of Residence of First Listed Plaintiff Dutchess
*(EXCEPT IN U.S. PLAINTIFF CASES)*

County of Residence of First Listed Defendant Wyoming
*(IN U.S. PLAINTIFF CASES ONLY)*

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

**(c)** Attorneys *(Firm Name, Address, and Telephone Number)* "pro se"

Attorneys *(If Known)*

## II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☑ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

## III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
*(For Diversity Cases Only)*

| | PTF | DEF | | PTF | DEF |
|---|---|---|---|---|---|
| Citizen of This State | ☐ 1 | ☐ 1 | Incorporated *or* Principal Place of Business In This State | ☐ 4 | ☐ 4 |
| Citizen of Another State | ☐ 2 | ☐ 2 | Incorporated *and* Principal Place of Business In Another State | ☐ 5 | ☐ 5 |
| Citizen or Subject of a Foreign Country | ☐ 3 | ☐ 3 | Foreign Nation | ☐ 6 | ☐ 6 |

## IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

**CONTRACT**
- ☐ 110 Insurance
- ☐ 120 Marine
- ☐ 130 Miller Act
- ☐ 140 Negotiable Instrument
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
- ☐ 153 Recovery of Overpayment of Veteran's Benefits
- ☐ 160 Stockholders' Suits
- ☐ 190 Other Contract
- ☐ 195 Contract Product Liability
- ☐ 196 Franchise

**REAL PROPERTY**
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Ejectment
- ☐ 240 Torts to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

**TORTS**

PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury
- ☐ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY
- ☐ 365 Personal Injury - Product Liability
- ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

**CIVIL RIGHTS**
- ☐ 440 Other Civil Rights
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/ Accommodations
- ☐ 445 Amer. w/Disabilities - Employment
- ☐ 446 Amer. w/Disabilities - Other
- ☐ 448 Education

**PRISONER PETITIONS**

Habeas Corpus:
- ☐ 463 Alien Detainee
- ☐ 510 Motions to Vacate Sentence
- ☐ 530 General
- ☐ 535 Death Penalty

Other:
- ☐ 540 Mandamus & Other
- ☑ 550 Civil Rights
- ☐ 555 Prison Condition
- ☐ 560 Civil Detainee - Conditions of Confinement

**FORFEITURE/PENALTY**
- ☐ 625 Drug Related Seizure of Property 21 USC 881
- ☐ 690 Other

**LABOR**
- ☐ 710 Fair Labor Standards Act
- ☐ 720 Labor/Management Relations
- ☐ 740 Railway Labor Act
- ☐ 751 Family and Medical Leave Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Employee Retirement Income Security Act

**IMMIGRATION**
- ☐ 462 Naturalization Application
- ☐ 465 Other Immigration Actions

**BANKRUPTCY**
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

**PROPERTY RIGHTS**
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 835 Patent - Abbreviated New Drug Application
- ☐ 840 Trademark

**SOCIAL SECURITY**
- ☐ 861 HIA (1395ff)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

**FEDERAL TAX SUITS**
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS—Third Party 26 USC 7609

**OTHER STATUTES**
- ☐ 375 False Claims Act
- ☐ 376 Qui Tam (31 USC 3729(a))
- ☐ 400 State Reapportionment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 480 Consumer Credit
- ☐ 485 Telephone Consumer Protection Act
- ☐ 490 Cable/Sat TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 890 Other Statutory Actions
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 895 Freedom of Information Act
- ☐ 896 Arbitration
- ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes

## V. ORIGIN *(Place an "X" in One Box Only)*

☑ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:

Brief description of cause: 42 U.S.C. 1983 Civil Rights Action

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND $ 8 Million $

CHECK YES only if demanded in complaint:
JURY DEMAND: ☑ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY *(See instructions)*:

JUDGE _____ DOCKET NUMBER _____

DATE 5-1-2024

SIGNATURE OF ATTORNEY OF RECORD Alo Ros "pro se" 19-B-1751

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

ATTACHED SHEET "DEFENDANTS"

J.M. REINHARDT

T.V. HILTON.

D.J.PANGALLO

C.S.MUNIAK

DR. D. WILLIAMS

RN: LYNN BUSCH

CAPT. MEEGAN.

C.O. KELLER.

ALL ABOVE IS IN WYOMING COUNTY